

Form Comparison Chart

Habilitation Services Program – Related Forms			Form Comparison Chart		Updated: September 1, 2004	
<a href="http://www.dds.ca.gov">The following table summarizes forms used in the Habilitation Services Program established by DDS. These forms are available on the DDS Website (www.dds.ca.gov).</a>						
Old Form - DOR/HAB	New Form - DDS/Hab	Service Provider Responsibility	Regional Center Responsibility	DDS Responsibility	DOR Responsibility	
(Prior to 7/04)	(as of 7/04)	(as of 7/04)	(as of 7/04)	(as of 7/04)	(as of 7/04)	
DR 23 & 24	DS1961 - IHSP	Completes	Reviews annual and semiannual plans			
(IHC 1 & 2)	IHSP/WAP Plan	Initial/ WAP-120 days after start date				
Habilitation Plan	IHSP/SE Plan	Initial/SE-first month of extended services				
		Annually during consumer birth month, reviewed every 6 months				
DR 25 Initial Work Evaluation Report/WAP	DDS form being developed	Completes initial assessment for WAP consumer (may use old format – DR25) within the first 90 days of program start	Receives a copy attached to initial IHSP/WAP			
HSP SE2 - Group approval	DDS 1962 - New Group Approval Request	Completes and emails to DDS CPS II	Provides consultation regarding approval, especially with regard to transportation availability	Reviews, consults with regional center regarding transportation availability and approves/denies		
				Forwards copy of approved group to DDS HQ, regional center and requesting vendor		
HSP SE2A - Group Change	DDS1963 - Group Change Approval Request	Completes emails to DDS CPS II	Provides consultation regarding approval, especially with regard to transportation availability	Reviews, consults with regional center regarding transportation availability and approves/denies		
	(used only for <u>permanent</u> changes to the group)			Forwards copy of approved group change to DDS HQ, regional center and requesting vendor		
Hab Group Tracking Form	DDS1964* - SEP Group Tracking Form	Completes and emails at the same time to all recipients by the 15 <sup>th</sup> of the billing month	Reviews, uploads attendance files, pays vendor	Monitors group size	Reviews, pays vendor	
	Used for attendance, invoicing and monitoring					
DR20 - Habilitation Referral	DDS1968 - Vocational Referral Form	May provide assistance to regional center in referral to VRWAP or VRSEP	Completes and sends to VR with referral documents		Opens case	
		WAP Service Provider may receive with referral documents	RCSC optionally may complete for WAP referral			

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Old Form - DOR/HAB	New Form - DDS/Hab	Service Provider Responsibility	Regional Center Responsibility	DDS Responsibility	DOR Responsibility
DR22 - Habilitation Termination	DDS1969 - Vocational Services Exit Form	Completes as appropriate sends to regional center	Completes as appropriate sends to service provider		
DR27 - Habilitation Transfer	No DDS transfer form				
DOR funding → DR297B		Receives from DOR			Completes to fund VR services, sends to service provider
	POS for habilitation services	Receives from regional center	completes to fund consumer services, sends to service provider		
	DS 1970 - Vendor Profile	Competes one time or as requested by regional center, sends to regional center	Use until service design is completed and approved, may use as needed.		
DR19 - CSR (Client Status Report)	DDS1971* - WAP Monthly Report	For both DDS1971 & 1972 <b>Service Provider</b> completes and sends <u>electronically</u>	May use for quality assurance purpose	Analyze data, monitor 50% paid work requirement, initiate corrective action as needed in consultation with regional center, provide to regional centers as requested	
Client Monthly Report	DDS1972* SEP IP Monthly Report	Submitted by the 15 <sup>th</sup> , two months after the month reported on.	May use for quality assurance purpose	Analyze data, report to legislature and control agencies, provide to regional centers as requested	
RCSC =	Regional Center Service Coordinator				
SVRC =	DOR, Senior Vocational Rehabilitation Counselor				
CPSII =	DDS Community Program Specialist				
<b>*Password Protected Forms</b>					
These forms are password protected. The Service provider selects the password. (The password should be the same for all forms, 1964, 1971 and 1972). The Service Provider distributes to each recipient but sends password in a separate e-mail.					
Forms sent electronically are sent to the following addresses:					
	Contact at funding regional centers				
	CPSII..our email addresses				
	DDS HQ: Work.Services@dds.ca.gov				
	DOR HQ: grouptrackingforms@dor.ca.gov				